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ABSTRACT

Using data gathered over a three-year period in three Southern California towns, the family structure and the reliance on kin for emotional support of Anglo Americans and Mexican Americans were compared. The first year 666 Mexican Americans and 340 Anglos were interviewed. In the second year, 372 Mexican Americans and 163 Anglos were re-interviewed using a more in-depth questionnaire. Also nine Mexican American clients from the local public mental health clinics who volunteered for the survey were added. The third year, which was still in progress, involved tracking 24 Mexican American families for nine months with biweekly interviews. Data indicated that Mexican Americans were much more likely to have large numbers of their relatives living in their community. The Mexican American kin groups were well-integrated and encompassed three or more generations. Anglos, on the other hand, tended to live apart from their extended family or have only a few related households nearby. Both groups relied on their family for help. The primary difference between the emotional support systems of the two groups was in the tendency to turn to informal helpers outside the family. Anglos were more likely to seek help from friends, neighbors, co-workers, and groups. Mexican Americans' main resource, on the other hand, was their extended family. There was relatively little support derived from other informal sources. Both groups often sought aid from more formal sources of support including clergymen and doctors. (NQ)

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THE MEXICAN AMERICAN EXTENDED FAMILY AS AN EMOTIONAL SUPPORT SYSTEM

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The Mexican American family is typically characterized as a large and cohesive kin group embracing both lineal and collateral relatives (Clark 1959; Madsen 1964a; Rubel 1966). Ties beyond the nuclear family are strong and extensive and reciprocal rights and duties are connected with all relatives including grandparents, aunts, uncles, and cousins (Madsen 1964a; 1969). Compadrazgo, or ritual co-parenthood associated with choosing godparents, creates an extension of the kinship system. Compadres take on the rights and obligations more characteristic of relatives than friends, and they are included as members of the extended kin network. Ideally, the Mexican American family is a "haven from threat and trouble," where one can always find co-operation and assistance in time of need (Madsen 1964b: 425). In addition, the family is present to share and help relieve any emotional problems from which the individual might suffer (Jaco 1957, 1960; Madsen 1964b, 1969). Jaco and Madsen go on to argue that because the family protects its members against stress in this way, Mexican Americans are less likely to become mentally ill.

In contrast to the Mexican Americans, Anglo Americans are described as having limited familial resources. "The Anglo family is unclear, and relatives frequently are not known" (Madsen 1969: 224). The strongest tie is between parent and child but the child is "prepared and trained for the day when he will remove himself from parental authority and face the world as an individual" (Madsen 1969: 224). When the Anglo experiences stress, if falls "squarely on the shoulders of the individual, who has only himself to blame" (Madsen 1969: 239). Anglos, it is believed, suffer in isolation and, therefore, are more susceptible to mental illness.

Empirical data is used in this paper to compare and contrast the family structure of both ethnic groups and their reliance on kin for emotional support.[1] Data has been gathered over the past three years in three Southern California towns. In the first year, a random sample of the population in three census tracts of each town was surveyed; 666 Mexican Americans and 340 white Anglo Americans were interviewed. In the second year, about half of these respondents were re-interviewed with a more in-depth questionnaire; 372 Mexican Americans and 163 Anglos were reached in this survey. In addition, Mexican American clients from the local public mental health clinics were asked to volunteer for the survey. Particular attention was given to their right of confidentiality in this procedure, and nine volunteers were thus added to the second survey. The third year which is still in progress involves tracking 24 Mexican American families for a period of nine months with biweekly interviews. Data from all three phases are used in this paper.

Demographically, the two first year ethnic samples are fairly similar in age, sex and marital status. The Mexican Americans and the Anglo Americans average 42 and 43 years of age respectively. The majority of both groups of respondents are female and married. The Mexican Americans are overwhelmingly Catholic while the Anglos tend to be Protestant or to have no religious affiliation. Residential stability is much more characteristic of the Mexican Americans than the Anglos. The average Mexican American has lived in town for about 24 years compared to 15 years for the average Anglo. Many of the Mexican Americans are natives of the city in which they were interviewed; 22% of the Mexican Americans are city natives in contrast to only 4% of the Anglos.

Socioeconomic data indicate significant differences between Anglos

and Mexican Americans. Eighty-five percent of the Mexican American heads of household have blue collar jobs and the majority of these are semi-skilled and unskilled occupations. The median years of education for the respondents is nine years; 69% have not completed high school. The majority of Anglos, on the other hand, are white collar workers with one or more years of college.

It is also important to note the variation within the Mexican American sample itself. First generation respondents, i.e., those born in Mexico, generally have only an elementary education, speak mainly Spanish, and identify as a "Mexican." Second generation respondents, i.e., those born in the United States with one or both parents born in Mexico, aer likely to have ten years of schooling, to speak English and probably also Spanish, and to identify as "Mexican American" or "Mexican." Lastly, third generation respondents, who were born in the United States and whose parents were born in the United States, have an average of eleven years of education, speak mainly English, and tend to identify as something other than "Mexican," i.e., "Mexican American," "American of Mexican descent," or "Chicano." The majority of all three generations are blue collar workers, but while most of the first generation heads of household are in the lowest occupational category of operative-laborer, many in the second and third generations hold skilled manual labor jobs or white collar positions. In sum, the immigrants from Mexico differ both culturally and socioeconomically from the native-born second and third generation Mexican Americans. Furthermore, while the second generation respondents make important educational and occupational gains, there is very little difference between the attainments of second and third generation respondents, and both of these segments are far outranked by the Anglos.[2]

I. The Extended Family

Data from our first survey indicate that the description of Anglo and Mexican American family structure presented in the literature is accurate, although there is significant variation between foreign-born and native-born Mexican Americans (Keefe, Padilla and Carlos 1977). Anglos are likely to live isolated from relatives or to have only a few related households nearby. They probably visit only one or two households on a regular basis although they do maintain a fairly high level of exchange of aid with these kin. Altogether, the Anglos have a very limited local extended family if they have any at all. This contrasts with the Mexican immigrants who are much more likely to have kin in town and to be related to larger numbers of households. The extent of their mutual aid with these relatives is similar to that of the Anglos, but chances are the aid is exchanged with a larger number of kin because the immigrants are likely to visit more households weekly than the Anglos. All things considered, first generation Mexicans generally have established small, well integrated extended family networks in their adopted country. This extended family pattern is elaborated upon by subsequent generations. Second and third generation Mexican Americans have extensive kin ties in the community which they actively maintain through frequent visiting and the exchange of mutual aid. The differences in extended familism found between the two ethnic groups as a whole are important and remain significant when controlling for occupation level, years of education, and years of residence in town.

The system of compadrazgo appears to be surviving in that 88% of the Mexican Americans have compadres and 80% of these have compadres living in town. Data from our second questionnaire show, however, that

the system is becoming more simplified in its form and is changing in purpose. While the tendency to have baptismal compadres is almost universal, the practice of choosing compadres for other rituals, such as first communion and confirmation, is declining among native-born Mexican Americans. While the majority of immigrants have compadres for these rituals, this is true of only about one third of the third generation respondents. Rituals for which compadres are chosen other than these three are rarely mentioned. The practice of choosing people outside the family as compadres, thus extending the kin network, is also declining. Twenty-six percent of the immigrants have chosen all of their compadres from outside the family compared to 13% of the third generation. There is also some indication that baptismal compadrazgo, the form which is most intimate and enduring, is not necessarily conceptualized as a familial type of relationship. Respondents were asked the question "Would you say your baptismal compadres (who are not your relatives) are more like relatives or friends?" Fifty-one percent said they were like relatives and 46% said they were like friends, with little difference evident by generation.

II. Reliance on Kin for Emotional Support: an Ethnic Trait?

In the first survey, both Anglos and Mexican Americans frequently reported speaking to a relative about an emotional problem in the last year. Nevertheless, this is true of significantly more Mexican Americans than Anglos (36% vs. 22%; $\chi^2 = 20.6$; $P < .001$). Anglos, on the other hand, are significantly more likely than Mexican Americans to consult with a friend (34% vs. 26%; $\chi^2 = 6.5$; $P < .02$). This is in part the result of the fact that Anglos are less likely to have relatives available nearby. Yet, even when kin are accessible, Anglos rely equally on friends and relatives.

In other words, Anglos do not distinguish between the bonds of friendship and familism in their search for emotional support. Mexican Americans, on the other hand, regard familial support for emotional problems as superior to all others.

The results of the second survey confirm what was found in the first survey only in part (see Table 1). This time respondents were asked if they had ever gone to a relative to discuss an emotional problem. Mexican Americans again indicate a preference for relatives as opposed to friends (29% vs. 16%), and Anglos are much more likely to go to a friend than the Mexican Americans (35% vs. 16%; $\chi^2 = 22.3$; $P < .001$). There is no significant difference, however, between the number of respondents in the two ethnic groups who report talking to a relative, and, in fact, somewhat more Anglos have consulted a family member than Mexican Americans (37% vs. 29%; $\chi^2 = 3.0$; $P = NS$).

The data lead us to conclude that both Anglos and Mexican Americans find emotional support in their extended family. The difference between the two ethnic groups lies in the tendency to turn to friends as well as family. Anglos readily seek out both friends and relatives. Anglos are also significantly more likely than Mexican Americans to talk to a neighbor about an emotional problem (14% vs. 5%; $\chi^2 = 13.1$; $P < .001$), and, similarly, tend to mention emotional problems to a co-worker more often (7% vs. 2%; $\chi^2 = 6.0$; $P < .02$). Compadres who are not relatives do not appear to be an important additional source of emotional support for Mexican Americans. Only 5% mention turning to fictive kin for help. Padrinos (godparents) fare only somewhat better, having been consulted by 10% of the respondents. For Mexican Americans, then, the extended family is the primary source of emotional support, and it takes on more importance than among Anglos,

not because of the comparative absence of Anglo familial supports, but because of the relatively low reliance of Mexican Americans on other informal resources, such as fictive kin, friends, neighbors, and co-workers.

One informant summed up this tendency for Mexican Americans to rely mainly on their family in this way:

> [Mexicans] are a proud people. They're the type of people that would rather stay together in a little circle within their own family and try to work out their problems themselves than go outside--even to discuss it with, say, . . . [a] friend. We would really have to be very close in order for a person to tell me what was happening, as far as their child was concerned, or their husband, or themselves. Because they keep that to themselves.

While both Mexican Americans and Anglos depend on relatives for emotional support, there is a difference in the accessibility of support. Both ethnic groups tend to turn to relatives to whom they are closely related, including their parents, grandparents, siblings, and adult children (Mexican Americans 80% vs. Anglo 91%). Since Mexican Americans are much more likely to have their close relatives living in town, help is conveniently available. In contrast, most Anglos consult close relatives who are geographically distant. Seventy-two percent of the Mexican Americans turn to a relative living in town compared to 29% of the Anglos. Either the Anglos must confide their problems over the telephone or during visits which may be weeks or months apart. The extended family is therefore somewhat limited in both its ability to respond early and regularly. Mexican Americans, on the other hand, by virtue of having family members only minutes away are assured of immediate and consistent support.

For example, one second generation informant, Rose, lives only blocks away from her mother and also has eight of her nine brothers and sisters living in town, fifteen nieces and nephews, and one of her two

adult children. Several years ago a younger brother who was stationed in Georgia while in the armed services was killed in a car accident. When officers arrived to tell the mother about the death, she immediately telephoned Rose who called all her brothers and sisters, and "in five minutes" they were all together at their mother's house. In another turn of events, Rose's mother recently had a stroke and is now bedridden. She remains in her own home but requires constant care. Rose and her sister look after their mother daily, having taken her out of a convalescent home where they felt she was not receiving the proper care. Rose says her mother is an alcoholic and hopes she will be able to stop drinking. By taking care of her daily and refusing to give her any liquor, Rose feels she is helping to resolve her mother's problem in the best way possible.

III. Mexican American Attitudes Toward Familial Support

While relatives are relied on most by Mexican Americans for emotional support, attitudes toward kin in general appear to be mixed. While 86% of the respondents in the second survey agree that "I should keep in close contact with my relatives,: and that "One of the good things in life for me is to talk and have fun with my relatives," 78% also agree that ". . . sometimes it is better not to see them very often." And though 68% believe ". . . having many relatives living nearby is good because I can always rely on them in times of need," another 37% agree that "it is best not to see my relatives too often because they create problems for me." We might conclude that many respondents perceive both sides of the coin regarding reliance on the family; relatives can provide help but they may at the same time cause problems.

This leads us to examine the particular family members whom respondents seek out for help with emotional problems. Most of the respondents

cite only one relative with whom they have talked about their emotional problems. Women have a strong tendency to confide in other women: their mother, a close sister, or a sister-in-law. In most cases, no other relative is ever consulted for these kinds of problems; 64% of the Mexican Americans do not seek help from more than one relative. In other words, an individual's familial support system is likely to be based mainly on one particular relative with whom one shares not only a kinship tie but a special bond of affection and trust.

These considerations help to explain why Mexican American respondents are not all in agreement in answering the question: "Do you think it is a good idea for a person to seek advice for an emotional problem from a relative?" Forty-nine percent of the respondents agree; 15% say it depends on the relative and/or on the type of problem; and 31% disagree. Of those people who agree that talking with a family member is a good idea, about half (27%) explain that this is because talking with anybody including a relative is cathartic and makes one feel better. The other half (23%) agree because they believe relatives are naturally close, understanding, confidential and trustworthy (confianza). The following responses are typical:

> You can't trust anybody else. Everything is better if kept in the family.
>
> It's easier to communicate with someone in the family. They know more about your problem. They've seen it.
>
> Relatives know the person best.
>
> You have confidence in your relatives and you know they'll give truthful advice.
>
> You should talk to a relative because you feel closer to them.

These are the kind of responses we might expect based on the

description of the Mexican American family in the literature. One of our first generation informants, Jesús, holds this opinion of the family. When the interviewer explained that we were interested in how Mexican Americans rely on their families for emotional support and when and why they turn to outside sources of help, Jesús replied that he would never go to anyone but his relatives. He felt that it was the obligation of the family to stick together and help one another. Asked what he thought a person should do if for some reason they couldn't turn to their family for help, Jesús said he didn't know and had never thought about it. In fact, he seemed surprised that some people might not be able to rely on their family and added that he had never heard of such a thing.

Respondents who believe it is not a good idea to talk with the family about emotional troubles give various reasons. Many (10%) believe better advice can be attained elsewhere, generally referring to a doctor. Others (7%) merely suggest that relatives are not qualified to offer advice and much of what they say may be wrong. Some respondents (6%) would rather not talk to anyone about their problems, solving them on their own instead. A few of these respondents go on to say that it is best to keep your problems to yourself because relatives have their own worries and "everybody is happier not knowing each other's problems." Lastly, some respondents (8%) would not turn to a family member because the relationship is <u>too</u> close, that is, they cannot objectively give advice and they may become involved and complicate the problem. One respondent claims that she never tells her relatives everything about her problems with her children or her husband because "relatives will tend to get angry with the person who is hurting you. You and your husband or your children may make-up, but your relatives will still be mad at them. And

then it's an uncomfortable situation at the next family dinner."

In sum, there is no agreement that the kin group is the best alternative for help when faced with an emotional problem. Only about one-fourth of the respondents believe this is generally true. Others qualify their response saying it depends on whether you have a particular relative with whom you are especially close and whether the problem is appropriate to mention to a family member. Furthermore, many respondents do not believe the family should ever be consulted. Much of the disagreement concerns the quality of advice that can be gained from a relative as opposed to other sources. There might be more agreement that the family is valuable as a source of moral support, just to be available, to listen, and to care. But it is probably also true that this kind of neutral support is rather rare. As one informant put it, "At first I think relatives just listen, but afterwards they get too involved." In any event, while relatives may be asked for advice, many respondents seek help elsewhere from the beginning or later on, if the problem persists.

IV. Kin vs. Other Sources of Emotional Support

Despite the mixed feelings among Mexican Americans about the advisability of confiding in the family, relatives are most frequently mentioned as a source of help for emotional problems, both in the first and second surveys. Friends, as we have made clear, are less frequently mentioned but are nevertheless a consistent secondary source of support; 26% of the first year sample and 16% of the second year sample had talked to a friend. In addition, clergymen and physicians are often consulted for emotional problems. Twenty-one percent of the respondents in the first survey and 25% in the second survey had been to a doctor for an emotional problem, and 16% of the first sample had talked to a priest/minister

compared to 24% in the second sample.

Other sources of support are mentioned much less frequently. As was previously reported, compadres, neighbors, and co-workers are not commonly relied upon for emotional support. Group meetings, including private group therapy, Alcoholics Anonymous, encounter groups, Weight Watchers, and so on, have been attended by only 7% of the first sample and about the same proportion (8%) of the second sample. Community leaders and organizations, cited by some authors as important referral agents for Mexican Americans (Grebler, Moore, and Guzman 1970; Moll, Rueda, Reza, Herrera, and Vasquez 1976; Torrey 1969), were asked for help with an emotional problem by 9% of the first year sample. In the second survey, however, only 3% of the Mexican American respondents had ever seen a community worker and 2% had talked to a member of a voluntary organization to which they belong.

Evidence exists in the literature indicating that many Mexican Americans make use of curanderos, or folk healers, in response to emotional problems (Edgerton, Karno, and Fernandez 1970; Madsen 1964b; Torrey 1973). There is little data in our study, however, to corroborate this view. Only 2% of the respondents in the first survey had consulted a curandero in the last year about an emotional problem. In the second survey, the scope of the question was enlarged and respondents were asked whether they had ever been to a curandero for any reason. The proportion of respondents making use of curanderos increased but only to 7%. Half of these respondents (54%) went to a curandero for a medical problem such as a stomach ache. Fourteen percent were suffering from a folk illness, such as empacho, and another 14% from an emotional problem. Close to half (43%) of these respondents sought help from a curandero over five years ago and have not

returned to one since then. Over one fourth (27%) of the respondents went because other alternatives (usually a doctor) had failed in treating the ailment. In other words, curanderos do not appear to be used with any frequency even for physical problems, and in comparison to other sources of emotional support, they are of negligible importance for Mexican Americans.

Finally, there is no real tendency for Mexican Americans to seek professional psychiatric services. Whereas one in five Anglos in the first survey had seen a private counselor, psychologist, or psychiatrist, this was true of only one in twenty-five Mexican Americans ($\chi^2 = 76.4$; $P < .001$). Similarly, over twice as many Anglos than Mexican Americans had been to a public mental health clinic in the past two years (5% vs. 2%; $\chi^2 = 4$; $P < .05$). In the second survey, the proportion of Mexican Americans who had contacted a private therapist or public mental health services increased slightly (12% and 7% respectively) primarily because we had actively solicited additional mental health clinic users who were also more likely to have used private professional services. Nonetheless, even in the second survey, Anglos are much more likely to utilize private services (23% vs. 12%; $\chi^2 = 11.4$; $P < .001$), and they are equally as likely to use public services (10% vs. 7%; $\chi^2 < 1$; $P = NS$).

The source to which a Mexican American respondent turns for help depends to a great extent on the type of problem experienced. With regard to marital (or boyfriend/girlfriend) or family (parent-child) problems, relatives and the respondent's priest/minister are consulted more than twice as often as any other resource. Child-related problems, on the other hand, are equally directed to a range of helpers including relatives, compadres, friends, the respondent's priest or doctor, as well

as private therapists and public mental health clinics. Emotional problems which are not connected by the respondent to a familial situation, such as general nervousness or depression, are most often cared for by a physician and, to a lesser extent, by friends and family.

It is evident from this description that some sources of emotional support are specialized while others are more general. The kin group is an all-around resource in time of trouble, dealing with familial as well as non-familial problems. Friends are a less-important general source of help. Priests/ministers are relied upon for problems dealing with the family, particularly marital problems. Some respondents, however, would specifically not go to a priest for a marital problem because "you know what he's going to answer," i.e., he would never recommend a divorce. Physicians are most often consulted for non-familial emotional problems, especially those which have physical symptoms. For example, respondents mention seeing a doctor for alcohol-related problems, nerves, insomnia, an unwanted pregnancy, menopause-related problems, and coping with a serious physical illness. Frequently, respondents add that one of the reasons they chose a doctor for help was their need for medication. Private therapists and public mental health clinics are utilized most frequently for child-related and non-familial emotional problems. The majority of respondents are referred to professional care rather than being self-referrals. The schools seem to be most important in bringing respondents with children who have emotional problems in contact with a therapist either by calling them in to see a school counselor/psychologist or by referring them to public mental health services.

Anglos are likely to utilize much the same kinds of resources as Mexican Americans, primarily friends, relatives, doctors and clergymen.

Anglos also turn to sources not readily utilized by Mexican Americans, including private therapists and group meetings. What is more, Anglos are more likely than Mexican Americans to seek help for a non-familial emotional problem, such as nervousness. One out of five Anglos has been to their doctor for such a problem compared to one out of ten Mexican Americans, and 9% of the Anglos have been to a private therapist for a non-familial emotional problem compared to 2% of the Mexican Americans.

V. Summary and Implications

As we have illustrated, the kinship structure of the two ethnic groups is fundamentally different. Mexican Americans are much more likely than Anglos to have large numbers of their relatives living in their community. The Mexican American kin groups are well-integrated and encompass three or more generations. Anglos, on the other hand, tend to live apart from their extended family or have only a few related households nearby. This difference in family structure, however, does not appear to have too much affect on the tendency to seek emotional support from relatives. Both Anglos and Mexican Americans rely on their family for help. Anglos are at a disadvantage in having to go to relatives out of town, but this does not appear to greatly dissuade them.

Rather, the primary difference between the emotional support systems of the two ethnic groups is in the tendency to turn to informal helpers outside the family. Anglos are more likely to seek help from friends, neighbors, co-workers, and groups. Mexican Americans' main resource, on the other hand, is their extended family. There is relatively little support derived from other informal sources. This is similar to Madsen's (1969) finding concerning Mexican Americans in South Texas. At the same time, it is important to note that the extended family support system, as

we find it, is limited to real kin; compadres and padrinos do not often give help. In addition, there is a large number of Mexican Americans who do not believe the family should be relied on for emotional support.

In sum, our research does not indicate that familial support is present only among Mexican Americans. Moreover, the idea of the isolated Anglo seems dubious at best. Instead, Anglos appear to share and find relief from their emotional problems from all sorts of informal helping agents. In addition, it is clear that both Anglos and Mexican Americans often seek aid from more formal sources of support including clergymen and doctors. Consequently, there is little reason to believe that the presence of the extended family can be the reason for any alledged lower incidence of mental ilness among Mexican Americans. In fact, if incidence is measured by the number of hospitalizations, many other intervening factors must be taken into consideration, such as cultural attitudes toward mental illness and its treatment (Cf. Newton 1977).

Before concluding, we must mention two consequences of the reliance by Mexican Americans on the extended family as virtually the only informal emotional resource. First, this means that Mexican Americans who do not have a local kin network are not very likely to have at hand any substitute sources of help in times of stress. This is particularly a problem for many Mexican American immigrants who are least likely to have a local integrated kin group. Secondly, those Mexican Americans who lack a well-integrated family may undergo additional stress because their experience does not correspond to what normally is and what should be. One informant, a mental health clinic user, comparing her immediate family (mother and sisters) to that of her cousin, was moved to say:

> I always used to think how lucky she is. Why can't I have a mother like that? Or why can't I have a sister like

> that? And it used to hurt me . . . . I think a family should be close to where--not to share your problems or for them to say "We'll pay your rent, don't worry"--not that kind of closeness. But closeness to know they're there to help if I need anything. To have affection, that confianza, I don't know how to say it in English. Confidence, like to go to my sister's and feel at home--like it was my home. And for them to come over here and feel this is their home. But it's not that way.

If the Mexican American extended family constitutes the primary source of support, its absence or malfunction must be that much more devastating. Thus, with respect to the relationship of the family and mental health, rather than accentuating the strength of the Mexican American family as opposed to the Anglo family and its alleviation of emotional problems, we might better emphasize the greater possibility of isolation and stress for those Mexican Americans who lack supportive families.

FOOTNOTES

1. Support for this study is being provided by the National Institute of Mental Health, Grant number MH26099, Center for Minority Group Mental Health Programs.

2. For further description of the first year sample see Keefe, Padilla and Carlos 1977. The second year sample appears to conform demographically with that of the first year.

3. All respondents are referred to herein by pseudonyms.

Table 1

Sources of Emotional Support Ever Used by Respondents by Percentage[a]

Resource	Mexican American				Anglo	Total Mexican American vs. Anglo	
	First (N=153)	Second (N=142)	Third (N=70)	Total (N=381)	(N=163)	Chi Square	P
Relative	15	42	34	29	37	3.0	NS
Compadre[b] (not a relative)	6	6	3	5			
Padrino[b]	10	10	11	10			
Friend	16	17	17	16	35	22.3	<.001
Clergyman	22	30	16	24	22	<1	NS
Doctor	16	32	30	25	34	4.8	<.05
Private therapist	10	11	19	12	23	11.4	<.001
Mental health clinic	7	9	6	7	10	<1	NS
Group meeting	3	13	9	8	26	29.0	<.001
Community worker	3	4	0	3	4	<1	NS
Neighbor	5	5	4	5	14	13.1	<.001
Co-worker	1	4	3	2	7	6.0	<.02
Voluntary organization	1	2	1	2	4	1.4	NS
Curandero[b]	4	11	6	7			

[a]Percentages total more than 100% because respondents may have used more than one resource.

[b]The Anglo sample was not asked this question.

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